© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main B1 (Official Form 1) (04/13) Document Page 1 of 31

| United States Bankruptcy Court<br>Northern District of Illinois  |  |   |   | Voluntary Petition  |  |   |   |   |
|--|--|---|---|---|--|---|---|---|
| Name of Debtor (if individual, enter Last, First, Middle): HARRINGTON, CAROL L.  |  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):  |   |  |   |   |   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |  |   |   |   |  | e Joint Debtor in trade names)  |   | years                                     |
| Last four digits of Soc. Sec. or Individual-Taxpayer I. (if more than one, state all): 9309  | D. (ITIN) /Com   | plete EIN   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):     |   |  |   |   |   |
| Street Address of Debtor (No. & Street, City, State & 30W081 BRANCH AVENUE WARRENVILLE, IL   | Zip Code):   |   | Street Addre  | ess of Jo   | int Debt   | or (No. & Stree   | et, City, Stat  | te & Zip Code):                           |
| The state of the s | ZIPCODE 60   | <br>555   | -   |   |  |   | 7   | ZIPCODE                                   |
| County of Residence or of the Principal Place of Busi <b>DuPage</b>  | ness:  |   | County of R   | esidence  | e or of th   | ne Principal Plac   | ce of Busin   | ess:                                      |
| Mailing Address of Debtor (if different from street ad   | ldress)  |   | Mailing Add   | dress of  | Joint De   | btor (if differen   | nt from stree   | et address):                              |
| Γ  | ZIPCODE  |   | 1   |   |  |   | 2   | ZIPCODE                                   |
| Location of Principal Assets of Business Debtor (if di   | fferent from str   | eet address abo   | ove):   |   |  |   |   |   |
|  |  |   |   |   |  |   | 2   | ZIPCODE                                   |
| Type of Debtor (Form of Organization) (Check one box.)  ✓ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  Corporation (includes LLC and LLP)  Partnership  Other (If debtor is not one of the above entities, check this box and state type of entity below.)  Chapter 15 Debtor  Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:  Filing Fee (Check one box)  ✓ Full Filing Fee attached  Filing Fee to be paid in installments (Applicable to only). Must attach signed application for the court's consideration certifying that the debtor is unable to except in installments. Rule 1006(b). See Official Installments.  | Single As U.S.C. § Railroad Stockbrol Commod Clearing Other  Debtor is Title 26 c Internal F | ter ity Broker Bank  Tax-Exempt Check box, if a a tax-exempt of the United S Revenue Code)  Check one become better is Debtor is Check if: Debtor's a than \$2,49 | Entity pplicable.) organization ut tates Code (the a small busine not a small bu ggregate noncon 0,925 (amount si | nder<br>e<br>ess debto<br>siness d<br>utingent lid<br>ubject to | Chap  Chap  Chap  Chap  Chap  Chap  Chap  Chap  Chap  Chap | the Petition apter 7 apter 9 apter 11 apter 12 apter 13  bts are primaril tts, defined in 1 D1(8) as "incurr ividual primaril sonal, family, or d purpose."  ter 11 Debtors ined in 11 U.S. defined in 11 U.S. defined in 11 U.S. debts (excluding of | n is Filed (  Chap Reco Main Chap Reco Nonr Nature of I (Check one y consumer 1 U.S.C. red by an y for a r house-  C. § 101(51 J.S.C. § 101 | box.) Debts are primarily business debts. |
| ☐ Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.  ☐ Check all applicable boxe ☐ A plan is being filed wit ☐ Acceptances of the plan accordance with 11 U.S  |  |   | th this po  | olicited p  | prepetition from   | one or mor  | re classes of creditors, in   |   |
| Statistical/Administrative Information  ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.  ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.   |  |   | le for  | THIS SPACE IS FOR<br>COURT USE ONLY                             |  |   |   |   |
| Estimated Number of Creditors  |  |   |   | 25,001-<br>50,000   |  | 50,001-<br>100,000  | Over 100,000  |   |
| Estimated Assets   |  |   |   | \$100,00<br>to \$500  |  | \$500,000,001 to \$1 billion  | More than   | ı   |
| Estimated Liabilities  | 00,001 to \$10,0   |   |   | \$100,00<br>to \$500  |  | \$500,000,001 to \$1 billion  | More than \$1 billion   |   |

| ≥             |
|---------------|
| S             |
| Software (    |
| - Forms       |
| 00-998-2424]  |
| າc. [1-80     |
| EZ-Filing, Ir |
| @ 1993-2013   |
|               |

| Case 15-32103 Doc 1 Filed 09/21/15 B1 (Official Form 1) (04/13) Document   | Entered 09/21/15 15:2<br>Page 2 of 31  | 25:04 Desc Main  |
|--|--|--|
| Voluntary Petition   | Name of Debtor(s):   |  |
| (This page must be completed and filed in every case)  | HARRINGTON, CAROL L.   |  |
| All Prior Bankruptcy Case Filed Within Last  | 8 Years (If more than two, attac   | h additional sheet)  |
| Location<br>Where Filed: <b>None</b>   | Case Number:   | Date Filed:  |
| Location Where Filed:  | Case Number:   | Date Filed:  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor (If mor   | re than one, attach additional sheet)  |
| Name of Debtor:<br>None  | Case Number:   | Date Filed:  |
| District:  | Relationship:  | Judge:   |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition. | (To be completed whose debts are properties) I, the attorney for the petitioner in that I have informed the petition chapter 7, 11, 12, or 13 of title explained the relief available under the second of the complete of the  | skhibit B if debtor is an individual rimarily consumer debts.) named in the foregoing petition, declare her that [he or she] may proceed under le 11, United States Code, and have der each such chapter. I further certify notice required by 11 U.S.C. § 342(b). |
|  | X /s/ ROY D. WINN  | 9/07/15  |
|  | Signature of Attorney for Debtor(s)  | Date   |
| or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Exhibit  |  |  |
| (To be completed by every individual debtor. If a joint petition is filed, ea  Exhibit D completed and signed by the debtor is attached and made   |  | ch a separate Exhibit D.)  |
| If this is a joint petition:   |  |  |
| Exhibit D also completed and signed by the joint debtor is attache   | ed a made a part of this petition.   |  |
| Information Regardin (Check any ap  Debtor has been domiciled or has had a residence, principal place o preceding the date of this petition or for a longer part of such 180  ☐ There is a bankruptcy case concerning debtor's affiliate, general p  | oplicable box.) of business, or principal assets in this days than in any other District. coartner, or partnership pending in t  | this District.   |
| Debtor is a debtor in a foreign proceeding and has its principal pla<br>or has no principal place of business or assets in the United States b   |  |  |
| in this District, or the interests of the parties will be served in rega   |  |  |
| in this District, or the interests of the parties will be served in regardance  Certification by a Debtor Who Reside  (Check all appl  Landlord has a judgment against the debtor for possession of debt   | es as a Tenant of Residential F<br>licable boxes.)   | rict.  Property  |
| Certification by a Debtor Who Reside (Check all appl   | es as a Tenant of Residential F<br>licable boxes.)<br>tor's residence. (If box checked, co   | rict.  Property  |
| Certification by a Debtor Who Reside (Check all appl  Landlord has a judgment against the debtor for possession of debt  | es as a Tenant of Residential Helicable boxes.) tor's residence. (If box checked, control of the obtained judgment)  | rict.  Property  |
| Certification by a Debtor Who Reside (Check all appl  Landlord has a judgment against the debtor for possession of debt  (Name of landlord tha   | es as a Tenant of Residential Flicable boxes.) tor's residence. (If box checked, control of the detailed by th | Property complete the following.)  Sebtor would be permitted to cure   |
| Certification by a Debtor Who Reside (Check all appl Landlord has a judgment against the debtor for possession of debt  (Name of landlord tha  (Address of   | es as a Tenant of Residential Helicable boxes.) tor's residence. (If box checked, contact obtained judgment)  f landlord) toricumstances under which the desession, after the judgment for possession, after the judgment for possession.  | Property  complete the following.)  ebtor would be permitted to cure session was entered, and  |

Date

| Case 15-32103 Doc 1 Filed 09/21/15 B1 (Official Form 1) (04/13) Document  Voluntary Petition   | Entered 09/21/15 15:25:04 Desc Main Page 3 of 31 Name of Debtor(s): HARRINGTON, CAROL L.   |
|--|--|
| (This page must be completed and filed in every case)  Signa   | ntures   |
| Signature(s) of Debtor(s) (Individual/Joint)   | Signature of a Foreign Representative  |
| I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only <b>one</b> box.)  ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.   |
| X /s/ CAROL L. HARRINGTON  | Signature of Foreign Representative  |
| Signature of Debtor CAROL L. HARRINGTON  Signature of Joint Debtor  Telephone Number (If not represented by attorney)  September 7, 2015  Date   | Printed Name of Foreign Representative  Date   |
| Signature of Attorney*   | Signature of Non-Attorney Petition Preparer  |
| X /s/ROY D. WINN Signature of Attorney for Debtor(s)  ROY D. WINN 6191344 Law Offices of Roy D. Winn 27W140 Roosevelt Rd, Suite 201 Winfield, IL 60190-0000 (630) 462-7177 Fax: (630) 462-7399 rdwinn@hotmail.com  | I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  Printed Name and title, if any, of Bankruptcy Petition Preparer |
| September 7, 2015  | Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)   |
| Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.   | Address  |
| Signature of Debtor (Corporation/Partnership)  |  |
| I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  | Signature  |
| The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.   | Date Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.   |
| X Signature of Authorized Individual   | Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:   |
| Printed Name of Authorized Individual  | If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  |
| Title of Authorized Individual   | A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.   |

Case 15-32103 B1D (Official Form 1, Exhibit D) (12/09) Doc 1

# Entered 09/21/15 15:25:04 Desc Main Filed 09/21/15 Document Page 4 of 31 United States Bankruptcy Court

Northern District of Illinois

| Not then Distri   | ct of filmois   |
|---|---|
| IN RE:  | Case No   |
| HARRINGTON, CAROL L.  | Chapter 7   |
| Debtor(s) <b>EXHIBIT D - INDIVIDUAL DEBTOR'S</b>  | S STATEMENT OF COMPLIANCE   |
| CREDIT COUNSELING   |   |
| Warning: You must be able to check truthfully one of the five stated oso, you are not eligible to file a bankruptcy case, and the court whatever filing fee you paid, and your creditors will be able to resand you file another bankruptcy case later, you may be required to stop creditors' collection activities.   | can dismiss any case you do file. If that happens, you will lose<br>sume collection activities against you. If your case is dismissed   |
| Every individual debtor must file this Exhibit D. If a joint petition is file one of the five statements below and attach any documents as directed   |   |
| ✓ 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, and I have a certificate from the a certificate and a copy of any debt repayment plan developed through   | e opportunities for available credit counseling and assisted me in gency describing the services provided to me. Attach a copy of the   |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, but I do not have a certificate from a copy of a certificate from the agency describing the services provided the agency no later than 14 days after your bankruptcy case is filed.   | e opportunities for available credit counseling and assisted me in m the agency describing the services provided to me. You must file   |
| ☐ 3. I certify that I requested credit counseling services from an approduct approximately from the time I made my request, and the following exigent confidence requirement so I can file my bankruptcy case now. [Summarize exigent confidence or services of the confidence of the con | ircumstances merit a temporary waiver of the credit counseling  |
| If your certification is satisfactory to the court, you must still obta you file your bankruptcy petition and promptly file a certificate from from the angement plan developed through the agency. Failucase. Any extension of the 30-day deadline can be granted only for also be dismissed if the court is not satisfied with your reasons for counseling briefing.  | m the agency that provided the counseling, together with a copy<br>are to fulfill these requirements may result in dismissal of your<br>cause and is limited to a maximum of 15 days. Your case may |
| <ul> <li>4. I am not required to receive a credit counseling briefing because motion for determination by the court.]</li> <li>Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by r of realizing and making rational decisions with respect to finan</li> </ul>   | reason of mental illness or mental deficiency so as to be incapable   |
|   | mpaired to the extent of being unable, after reasonable effort, to  |
| 5. The United States trustee or bankruptcy administrator has determ does not apply in this district.  | nined that the credit counseling requirement of 11 U.S.C. § 109(h)  |
|   |   |

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ CAROL L. HARRINGTON

Date: September 7, 2015

Filed 09/21/15

Entered 09/21/15 15:25:04

Desc Main

Document Page 5 of 31 United States Bankruptcy Court

**Northern District of Illinois** 

| IN RE:               |       | Case No.  |
|----------------------|-------|-----------|
| HARRINGTON, CAROL L. |       | Chapter 7 |
|                      | 5.1() |           |

Debtor(s)

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS      | LIABILITIES  | OTHER       |
|--|----------------------|------------------|-------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                | \$ 0.00     |              |             |
| B - Personal Property  | Yes                  | 3                | \$ 4,551.81 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                |             |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |             | \$ 4,112.00  |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                |             | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 3                |             | \$ 61,986.23 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                |             |              |             |
| H - Codebtors  | Yes                  | 1                |             |              |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 2                |             |              | \$ 2,396.72 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 3                |             |              | \$ 1,423.42 |
|  | TOTAL                | 17               | \$ 4,551.81 | \$ 66,098.23 |             |

#### Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main

# Document Page 6 of 31 United States Bankruptcy Court **Northern District of Illinois**

| IN RE:               |           | Case No.  |
|----------------------|-----------|-----------|
| HARRINGTON, CAROL L. |           | Chapter 7 |
| Γ                    | Debtor(s) |           |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

# State the following:

| Average Income (from Schedule I, Line 12)   | \$<br>2,396.72 |
|---|----------------|
| Average Expenses (from Schedule J, Line 22)   | \$<br>1,423.42 |
| Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 |                |
| Line 14)  | \$<br>692.72   |

# State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>2,012.00  |
|--|---------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00      |
| 4. Total from Schedule F   |         | \$<br>61,986.23 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>63,998.23 |

| $_{ m B6A~(Official~Form~6A)}$ $_{ m (15/03)}$ 2103 | Οo |
|---|----|
|---|----|

Filed 09/21/15 Document Entered 09/21/15 15:25:04 Page 7 of 31

Desc Main

IN RE HARRINGTON, CAROL L.

Debtor(s)

Case No. \_\_\_\_\_(If known)

# **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| None                                 |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |

TOTAL

0.00

(Report also on Summary of Schedules)

Filed 09/21/15 Document

Entered 09/21/15 15:25:04 Page 8 of 31

Desc Main

(If known)

IN RE HARRINGTON, CAROL L

Debtor(s)

Doc 1

Case No. \_\_\_\_

# **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY                       | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | Cash on hand.  |                                       | 4.00   |
| 2.  | Checking, savings or other financial  |                  | Checking Account at Chase Bank.                            |                                       | 1,700.00   |
|     | accounts, certificates of deposit or<br>shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives.  |                  | Investment account at Chase Bank                           |                                       | 47.81  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X                |  |                                       |  |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | Miscellaneous Household Goods and furnishings. Television, |                                       | 500.00   |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.   | X                |  |                                       |  |
| 6.  | Wearing apparel.  |                  | MISCELLANEOUS WEARING APPAREL.                             |                                       | 100.00   |
| 7.  | Furs and jewelry.   |                  | Miscellaneous costume jewelry.                             |                                       | 100.00   |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |  |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |  |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | Х                |  |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | Defined Benefit Plan with Principal Financial.             |                                       | unknown  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |  |                                       |  |
|     |   |                  |  |                                       |  |

Doc 1 Filed 09/21/15 Document

Page 9 of 31

Entered 09/21/15 15:25:04 Desc Main

\_ Case No. \_

Debtor(s)

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY      | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---|---------------------------------------|--|
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | Х                |   |                                       |  |
| 16. | Accounts receivable.  | X                |   |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |   |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |   |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |   |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | Х                |   |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |                                       |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |                                       |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2001 Ford Escape Truck with 97,000 miles. |                                       | 2,100.00   |
| 26. | Boats, motors, and accessories.   | X                |   |                                       |  |
| 27. | Aircraft and accessories.   | X                |   |                                       |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |   |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |   |                                       |  |
| 30. | Inventory.  | X                |   |                                       |  |
| 31. | Animals.  | X                |   |                                       |  |
| 32. | Crops - growing or harvested. Give particulars.   | X                |   |                                       |  |
|     | Farming equipment and implements.   | X                |   |                                       |  |
| 34. | Farm supplies, chemicals, and feed.   | Х                |   |                                       |  |

Doc 1 Filed 09/21/15 Document

L5 Entered 09/21/15 15:25:04 Page 10 of 31

Desc Main

IN RE  $\underline{\mathsf{HARRINGTON}}$ , CAROL L.

\_\_\_\_\_ Case No. \_

Debtor(s)

(If known)

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|--|------------------|--------------------------------------|---------------------------------------|--|
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      | Н                                     |  |
| not aneady fisted. Refinize.   |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  |                                      |                                       |  |
|  |                  | TO                                   | ΓAL                                   | 4,551.81   |

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Filed 09/21/15 Doc 1 Document

Entered 09/21/15 15:25:04 Page 11 of 31

Desc Main

(If known)

IN RE HARRINGTON, CAROL L.

Case No. \_ Debtor(s)

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$155,675. \*

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY                                    | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|--|--------------------------------------|-------------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY                             |                                      |                               |  |
| Cash on hand.  | 735 ILCS 5 §12-1001(b)               | 4.00                          | 4.00   |
| Checking Account at Chase Bank.                            | 735 ILCS 5 §12-1001(b)               | 1,700.00                      | 1,700.00   |
| Investment account at Chase Bank                           | 735 ILCS 5 §12-1001(b)               | 47.81                         | 47.81  |
| Miscellaneous Household Goods and furnishings. Television, | 735 ILCS 5 §12-1001(b)               | 500.00                        | 500.00   |
| Miscellaneous costume jewelry.                             | 735 ILCS 5 §12-1001(b)               | 100.00                        | 100.00   |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |
|  |                                      |                               |  |

<sup>\*</sup> Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Filed 09/21/15 Document Entered 09/21/15 15:25:04 Page 12 of 31 Desc Main

(If known)

IN RE HARRINGTON, CAROL L

Debtor(s)

Case No.

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY              |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|---|
| ACCOUNT NO. 7037   |          |                                       | INSTALLMENT ACCOUNT OPENED   |            |              |          | 4,112.00  | 2,012.00                                  |
| Springleaf Financial S<br>1261 N Lake St Ste G<br>Aurora, IL 60506   |          |                                       | 3/2014  VALUE \$ 2,100.00  |            |              |          |   |   |
| ACCOUNT NO.  |          |                                       | 1.12010 2,100.00   |            |              |          |   |   |
|  |          |                                       | VALUE \$   |            |              |          |   |   |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |   |
|  |          |                                       | VALUE \$   |            |              |          |   |   |
| ACCOUNT NO.  |          |                                       |  |            |              |          |   |   |
|  |          |                                       | VALUE \$   | 1          |              |          |   |   |
| continuation sheets attached   |          | -                                     | (Total of th   | is p       |              | e)       | \$ 4,112.00   | \$ 2,012.00                               |
|  |          |                                       | (Use only on la  |            | Tota<br>page |          | \$ 4,112.00 (Report also on                                       | \$ <b>2,012.00</b> (If applicable, report |

(Report also or Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

 $_{B6E\ (Official\ FormSE)}$  15,32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Document Page 13 of 31 IN RE HARRINGTON, CAROL L

(If known)

Debtor(s)

Case No.

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| Report the total of amounts $\underline{not}$ entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
|---|
| Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
| Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
| Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).           |
| Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).  |
| Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).  |
| * Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |
| O continuation sheets attached  |

# Filed 09/21/15 Document

Entered 09/21/15 15:25:04 Page 14 of 31 Desc Main

THE INTERNATION, OFFICE LI

Case No.

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT           | UNLIQUIDATED                | DISPUTED       | AMOUNT<br>OF<br>CLAIM |
|--|----------|---------------------------------------|--|----------------------|-----------------------------|----------------|-----------------------|
| ACCOUNT NO. 4707   |          |                                       | medical services incurred 2014.  | П                    |                             |                |                       |
| Cadence Health<br>25 North Winfield Road<br>Winfield, IL 60190   |          |                                       |  |                      |                             |                | 287.09                |
| ACCOUNT NO. <b>4707</b>  | _        |                                       | Medical sevices incurred 2014 and 2015.  | $\forall$            |                             | H              | 207.03                |
| Cadence Health<br>25 North Winfield Road<br>Winfield, IL 60190   |          |                                       |  |                      |                             |                | 159.47                |
| ACCOUNT NO. <b>4707</b>  | +        |                                       | Medical services incurred 2014 and 2015.   | $\forall$            | $\neg$                      | H              | 100.41                |
| Cadence Health<br>25 North Winfield Road<br>Vinfield, IL 60190   |          |                                       |  |                      |                             |                | 247.62                |
| ACCOUNT NO. <b>4707</b>  | -        |                                       | Medical services incurred 2014.  | $\forall$            |                             | $\vdash$       | 241.02                |
| Cadence Health<br>25 North Winfield Road<br>Winfield, IL 60190   |          |                                       |  |                      |                             |                |                       |
|  |          |                                       |  | L.L                  |                             | $\coprod_{i}$  | 120.00                |
| 2 continuation sheets attached   |          |                                       | (Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the Summary of Certain Liabilities and Relate | T<br>t also<br>tatis | age<br>Fota<br>o or<br>tica | al<br>al<br>al | \$ <b>814.18</b>      |

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Filed 09/21/1 Document

Page 15 of 31

Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main

г., от што — п

\_\_\_\_\_

\_ Case No. \_\_\_\_

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (1                                    | Continuation Sneet)  |            |              |            |                       |
|--|----------|---------------------------------------|--|------------|--------------|------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT | UNLIQUIDATED | DISPUTED   | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 4707   | T        |                                       | Medical services incurred 2014.  |            |              | H          |                       |
| Cadence Health 25 North Winfield Road Winfield, IL 60190   |          |                                       |  |            |              |            | 189.47                |
| ACCOUNT NO. 4707   | $\vdash$ |                                       | Medical services incurred 2014 and 2015.   | $\vdash$   |              | H          | 100.47                |
| Cadence Health 25 North Winfield Road Winfield, IL 60190   |          |                                       | inical dal video inical da 2014 ana 2016.  |            |              |            |                       |
| ACCOUNT NO. <b>4707</b>  |          |                                       | Medical services incurred in 2015.   | +          |              | H          | 177.62                |
| Cadence Health 25 North Winfield Road Winfield, IL 60190   |          |                                       | medical services inculred in 2013.   |            |              |            | 157.62                |
| ACCOUNT NO. <b>4223</b>  |          |                                       | REVOLVING ACCOUNT OPENED 10/2005   | $\vdash$   |              |            | 107.02                |
| Capital One Bank Usa N<br>15000 Capital One Dr<br>Richmond, VA 23238                                     |          |                                       |  |            |              |            |                       |
| ACCOUNT NO. <b>2554</b>  | -        |                                       | REVOLVING ACCOUNT OPENED 6/1990  |            |              |            | 12,376.00             |
| Chase Card Po Box 15298 Wilmington, DE 19850   |          |                                       | NEVOEVING AGGGGNT OF ENED 971000   |            |              |            | 7 4 2 4 0 0           |
| ACCOUNT NO. 3353   |          |                                       | REVOLVING ACCOUNT OPENED 4/2011  | +          |              | $\vdash$   | 7,121.00              |
| Chase Card<br>Po Box 15298<br>Wilmington, DE 19850   |          |                                       |  |            |              |            | 5,375.00              |
| ACCOUNT NO. <b>0245</b>  |          |                                       | REVOLVING ACCOUNT OPENED 4/1990  |            |              |            | 3,373.00              |
| Citi<br>Po Box 6241<br>Sioux Falls, SD 57117   |          |                                       |  |            |              |            | 40                    |
| Sheet no. 1 of 2 continuation sheets attached to   |          |                                       |  | S112       | tot          | $\Box$     | 16,722.00             |
| Sheet no1 of2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of the  | 7          | age<br>Fota  | e)  <br>al | \$ 42,118.71          |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate | tatis      | tica         | al         | \$                    |

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Filed 09/21/1 Document Page 16 of 31

Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main

IN RE HARRINGTON, CAROL L.

\_\_\_\_\_ Case No. \_

Debtor(s)

(If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (1                                    | Continuation Sheet)   |                  |              |           |                       |
|---|----------|---------------------------------------|---|------------------|--------------|-----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                      | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT       | UNLIQUIDATED | DISPUTED  | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 3369  |          |                                       | REVOLVING ACCOUNT OPENED 6/1990   | +                |              | H         |                       |
| Citi<br>Po Box 6241<br>Sioux Falls, SD 57117  |          |                                       |   |                  |              |           | 10,796.00             |
| ACCOUNT NO. 3874  | +        |                                       | REVOLVING ACCOUNT OPENED 11/2012  | +                |              | $\vdash$  | 10,7 30.00            |
| Citi<br>Po Box 6241<br>Sioux Falls, SD 57117  |          |                                       | REVOLVING AGGGGNT OF ENED TW2012  |                  |              |           | 7,837.00              |
| ACCOUNT NO. <b>4707</b>   | +        |                                       | Medical services incurred 10-13-2014.   | +                |              | H         | 7,037.00              |
| Northwester Medicine - Physician Groups<br>C/O State Collection Services, Inc.<br>2509 S. Stoughton Road<br>Madison, WI 53716 |          |                                       |   |                  |              |           | 20.00                 |
| ACCOUNT NO. 3385  |          |                                       | Medical services incurred in 2014.  | $\forall$        |              |           |                       |
| Northwestern Medicine<br>C/O State Collection Services, Inc.<br>PO Box 6250<br>Madison, IL 53716-0250                         |          |                                       |   |                  |              |           | 320.96                |
| ACCOUNT NO. <b>4707</b>   | +        |                                       | Medical services incurred 10-7-2014.  | +                |              | H         | 320.30                |
| Northwestern Medicine - CDH<br>C/O State Collection Service, Inc.<br>2509 S. Stoughton Road<br>Madison, WI 53716              |          |                                       |   |                  |              |           | 50.00                 |
| ACCOUNT NO. 4707  | +        |                                       | Medical Services incurred 10-9-2014   | +                |              | H         | 30.00                 |
| Northwestern Medicine - Physician Groups<br>C/O State Collection Service, Inc.<br>2509 S. Stoughton Road<br>Madison, WI 53716 |          |                                       |   |                  |              |           | 20.00                 |
| ACCOUNT NO. 9278  |          |                                       | Medical Services incurred 1-12-2015.  | $\forall$        |              | $\forall$ | 20.00                 |
| Winfield Radiology Consultants, SC<br>6910 S. Madison Street<br>Willowbrook, IL 60527   |          |                                       |   |                  |              |           |                       |
|   |          |                                       |   |                  |              |           | 9.38                  |
| Sheet no2 of2 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                      |          |                                       | (Total of t   | -                |              | 9) [5     | \$ 19,053.34          |
|   |          |                                       | (Use only on last page of the completed Schedule F. Repo<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relat | rt als<br>Statis | o o          | n<br>al   | § 61,986.23           |

| B6G (Official Form 66) 175/03/2103 | Doc 1 |
|------------------------------------|-------|
| IN DE HADDINGTON CAROLL            |       |

Filed 09/21/15 Document

Debtor(s)

Entered 09/21/15 15:25:04 Page 17 of 31

Case No.

Desc Main

IN RE HARRINGTON, CAROL L.

zodinene i ago zi ei

(If known)

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

 $_{B6H \, (Official \, Form \, GH)} 15,32103$  Doc 1 IN RE HARRINGTON, CAROL L.

Filed 09/21/15 Document Entered 09/21/15 15:25:04 Page 18 of 31

Case No.

Desc Main

Debtor(s)

(If known)

# **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |
|                              |                              |

Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Document Page 19 of 31

|   | Docum   | Terri Tag                               | JC IS   |                   | , _                     |  |                                    |
|---|---|---|---------|-------------------|-------------------------|--|------------------------------------|
| Fill in this information to identify  | your case:  |   |         |                   |                         |  |                                    |
| Debtor 1 CAROL L. HARRIN  | GTON  |   |         |                   |                         |  |                                    |
| F irst Name   |   | Last Name                               |         |                   |                         |  |                                    |
| Debtor 2<br>(Spouse, if filing) First Name  | Middle Name   | Last Name                               |         |                   |                         |  |                                    |
| United States Bankruptcy Court for the: N   | Northern District of Illinois   |   |         |                   |                         |  |                                    |
| Case number   |   |   |         |                   | Check if                | this is:   |                                    |
| (If known)  |   |   |         |                   | 🗖 An a                  | mended filing  |                                    |
|   |   |   |         |                   |                         | oplement showing post-peter 13 income as of the fo       |                                    |
| Official Form 6l  |   |   |         |                   |                         |  | nowing date.                       |
|   |   |   |         |                   | MM /                    | DD / YYYY  |                                    |
| Schedule I: You   | ir Income   |   |         |                   |                         |  | 12/13                              |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Part 1: Describe Employm | ou are married and not filir<br>use is not filing with you, d<br>top of any additional page | ng jointly, and yo<br>o not include inf | ur sp   | ouse is<br>ion ab | living with out your sp | you, include information a<br>ouse. If more space is nee | about your spouse<br>ded, attach a |
| Fill in your employment information.  |   | Debtor 1                                |         |                   |                         | Debtor 2 or non-filin                                    | g spouse                           |
| If you have more than one job, attach a separate page with information about additional employers.  | Employment status   | Employed Not employ                     | ⁄ed     |                   |                         | Employed Not employed                                    |                                    |
| Include part-time, seasonal, or self-employed work.   |   |   |         |                   |                         |  |                                    |
| Occupation may Include student or homemaker, if it applies.   | Occupation  |   |         |                   |                         |  |                                    |
| ,   | Employer's name   |   |         |                   |                         |  |                                    |
|   |   |   |         |                   |                         |  |                                    |
|   | Employer's address  | Number Street                           |         |                   |                         | Number Street  |                                    |
|   |   |   |         |                   |                         |  |                                    |
|   |   |   |         |                   |                         |  |                                    |
|   |   |   |         |                   |                         |  |                                    |
|   |   | City                                    | Stat    | e ZIP             | Code                    | City   | tate ZIP Code                      |
|   | How long employed there   | e?                                      | -       |                   |                         |  |                                    |
| Part 2: Give Details About  | : Monthly Income  |   |         |                   |                         |  |                                    |
| Estimate monthly income as of   | the date you file this form   | . If you have noth                      | ing to  | report f          | or any line,            | write \$0 in the space. Include                          | your non-filing                    |
| spouse unless you are separated<br>If you or your non-filing spouse ha<br>below. If you need more space, a  | ave more than one employer  |   | ormatio | on for a          | II employers            | for that person on the lines                             |                                    |
| solom in you need more opace, a   | nasir a sopalato sinostio il li   |   |         | Fo                | r Debtor 1              | For Debtor 2 or  |                                    |
|   |   |   |         |                   | . 505101 1              | non-filing spouse  |                                    |
| List monthly gross wages, sala deductions). If not paid monthly,  |   |   | 2.      | \$                | 0.00                    | \$   |                                    |
| 3. Estimate and list monthly over   | time pay.   |   | 3.      | +\$               | 0.00                    | + \$   |                                    |
| Calculate gross income. Add li  | ne 2 + line 3.  |   | 4.      | \$                | 0.00                    | \$   |                                    |

Document

Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Page 20 of 31

Debtor 1

CAROL L. HARRINGTON
First Name Middle Name Last Name

Case number (if known)\_

|   |            | For              | Debtor 1          | For Debtor 2 or non-filing spouse |                                      |
|---|------------|------------------|-------------------|-----------------------------------|--------------------------------------|
| Copy line 4 here  | <b>4</b> . | \$               | 0.00              | \$                                |                                      |
| 5. List all payroll deductions:   |            |                  |                   |                                   |                                      |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.        | \$               | 0.00              | \$                                |                                      |
| 5b. Mandatory contributions for retirement plans  | 5b.        | \$               | 0.00              | \$                                |                                      |
| 5c. Voluntary contributions for retirement plans  | 5c.        | \$               | 0.00              | \$                                |                                      |
| 5d. Required repayments of retirement fund loans  | 5d.        | \$               | 0.00              | \$                                |                                      |
| 5e. Insurance   | 5e.        | \$               | 0.00              | \$                                |                                      |
| 5f. Domestic support obligations  | 5f.        | \$               | 0.00              | \$                                |                                      |
| 5g. Union dues  | 5g.        | \$               | 0.00              | \$                                |                                      |
| 5h. Other deductions. Specify:  | 5h.        | +\$              | 0.00              | + \$                              |                                      |
| 6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.   | 6.         | \$               | 0.00              | \$                                |                                      |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$               | 0.00              | \$                                |                                      |
| 8. List all other income regularly received:  |            |                  |                   |                                   |                                      |
| 8a. Net income from rental property and from operating a business, profession, or farm  |            |                  |                   |                                   |                                      |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.        | \$               | 0.00              | \$                                |                                      |
| 8b. Interest and dividends  | 8b.        | \$               | 0.00              | \$                                |                                      |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive   | ent        |                  |                   |                                   |                                      |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.        | \$               | 0.00              | \$                                |                                      |
| 8d. Unemployment compensation   | 8d.        | \$               | 0.00              | \$                                |                                      |
| 8e. Social Security   | 8e.        | \$               | 1,704.00          | \$                                |                                      |
| 8f. Other government assistance that you regularly receive  |            |                  |                   |                                   |                                      |
| Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. |            | \$               | 0.00              | \$                                |                                      |
| Specify:  | 8f.        |                  |                   |                                   |                                      |
| 8g. Pension or retirement income  | 8g.        | \$               | 692.72            | \$                                |                                      |
| 8h. Other monthly income. Specify:  | 8h.        | +\$              | 0.00              | +\$                               |                                      |
| 9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.         | \$               | 2,396.72          | \$                                |                                      |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.        | \$               | 2,396.72 +        | \$                                | = \$2,396.72_                        |
| 11. State all other regular contributions to the expenses that you list in Sched  | dule J     | <br>!.           | -                 |                                   | _                                    |
| Include contributions from an unmarried partner, members of your household, yother friends or relatives.  | your d     | epend            | lents, your roomr | mates, and                        |                                      |
| Do not include any amounts already included in lines 2-10 or amounts that are   | not av     | <i>v</i> ailable | e to pay expense  | es listed in <i>Schedule J</i> .  |                                      |
| Specify:  |            |                  |                   | _ 11                              | + \$0.00                             |
| 12. <b>Add the amount in the last column of line 10 to the amount in line 11.</b> The Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of C</i>                        |            |                  |                   | •                                 | \$_2,396.72  Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this to No.  | form?      | •                |                   |                                   | monany mcome                         |
| No.  Yes. Explain:  None  |            |                  |                   |                                   |                                      |

# Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Document Page 21 of 31

| Fill in this information to identify your case:   |                                      |                               |
|---|--------------------------------------|-------------------------------|
| Debtor 1 CAROL L. HARRINGTON  |                                      |                               |
| First Name Middle Name Last Name Check if the Debtor 2  |                                      |                               |
| (Spouse, if filing) First Name Middle Name Last Name  | ended filing<br>plement showing post | -netition chanter 13          |
|   | ses as of the following              |                               |
| Case number   | DD / YYYY                            |                               |
| A sepa  | arate filing for Debtor 2            |                               |
| Official Form 6J  | ains a separate house                | hold                          |
| Schedule J: Your Expenses   |                                      | 12/13                         |
| Be as complete and accurate as possible. If two married people are filing together, both are equally information. If more space is needed, attach another sheet to this form. On the top of any additional (if known). Answer every question. |                                      |                               |
| Part 1: Describe Your Household   |                                      |                               |
| 1. Is this a joint case?  |                                      |                               |
| No. Go to line 2.  Yes. Does Debtor 2 live in a separate household?   |                                      |                               |
| <ul><li>No</li><li>☐ Yes. Debtor 2 must file a separate Schedule J.</li></ul>   |                                      |                               |
| 2. Do you have dependents?  | <b>.</b>                             |                               |
| Do not list Debtor 1 and Debtor 2.  Dependent's relationship to Debtor 1 or Debtor 2  Dependent's relationship to Debtor 1 or Debtor 2  each dependent  | De pendent's<br>age                  | Does dependent live with you? |
| Do not state the dependents'names.  |                                      | □ No □ Yes                    |
|   |                                      | □ No                          |
|   |                                      | Yes                           |
|   |                                      | ☐ No☐ Yes                     |
|   |                                      | ☐ No                          |
|   |                                      | Yes                           |
|   |                                      | ☐ No                          |
|   |                                      | ☐ Yes                         |
| 3. Do your expenses include expenses of people other than yourself and your dependents?   |                                      |                               |
| Part 2: Estimate Your Ongoing Monthly Expenses  |                                      |                               |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supple   | mont in a Chantor 13                 | casata rapart                 |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the bankruptcy is filed.   |                                      |                               |
| Include expenses paid for with non-cash government assistance if you know the value of  |                                      |                               |
| such assistance and have included it on Schedule I: Your Income (Official Form 6I.)   | Your expe                            | nses                          |
| <ol> <li>The rental or home ownership expenses for your residence. Include first mortgage payments and<br/>any rent for the ground or lot.</li> </ol>   | 4. \$ <b>500</b>                     | 0.00                          |
| If not included in line 4:  |                                      |                               |
| 4a. Real estate taxes   | ·                                    | .00                           |
| 4b. Property, homeowner's, or renter's insurance  | · · ·                                | .00                           |
| 4c. Home maintenance, repair, and upkeep expenses   |                                      | 00                            |
| 4d. Homeowner's association or condominium dues   | 4d. \$ <b>0.</b>                     | 00                            |

#### Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Page 22 of 31 Document

Debtor 1

CAROL L. HARRINGTON
First Name Middle Name

Last Name

Case number (if known)\_

|   |      | You | ur expenses |
|---|------|-----|-------------|
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.   | \$  | 0.00        |
| 6. Utilities:   |      |     |             |
| 6a. Electricity, heat, natural gas  | 6a.  | \$  | 0.00        |
| 6b. Water, sewer, garbage collection  | 6b.  | \$  | 0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.  | \$  | 0.00        |
| 6d. Other. Specify:   | 6d.  | \$  | 0.00        |
| 7. Food and housekeeping supplies   | 7.   | \$  | 160.00      |
| 8. Childcare and children's education costs   | 8.   | \$  | 0.00        |
| 9. Clothing, laundry, and dry cleaning  | 9.   | \$  | 0.00        |
| 0. Personal care products and services  | 10.  | \$  | 100.00      |
| Medical and dental expenses   | 11.  | \$  | 100.00      |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>  | 12.  | \$  | 50.00       |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.  | \$  | 0.00        |
| 4. Charitable contributions and religious donations   | 14.  | \$  | 0.00        |
| <ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>   |      |     |             |
| 15a. Life insurance   | 15a. | \$  | 30.00       |
| 15b. Health insurance   | 15b. | \$  | 224.60      |
| 15c. Vehicle insurance  | 15c. | \$  | 60.00       |
| 15d. Other insurance. Specify:  | 15d. | \$  | 0.00        |
| <ol> <li>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.</li> <li>Specify: Federal Taxes</li> </ol>  | 16.  | \$  | 20.00       |
| 7. Installment or lease payments:   |      |     |             |
| 17a. Car payments for Vehicle 1   | 17a. | \$  | 178.82      |
| 17b. Car payments for Vehicle 2   | 17b. | \$  | 0.00        |
| 17c. Other. Specify:  | 17c. | \$  | 0.00        |
| 17d. Other. Specify:  | 17d. | \$  | 0.00        |
| <ol> <li>Your payments of alimony, maintenance, and support that you did not report as deducted from<br/>your pay on line 5, Schedule I, Your Income (Official Form 6I).</li> </ol> | 18.  | \$  | 0.00        |
| 9. Other payments you make to support others who do not live with you.  |      | \$  | 0.00        |
| Specify:  | 19.  |     |             |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income  | ne.  |     |             |
| 20a. Mortgages on other property  | 20a. | \$  | 0.00        |
| 20b. Real estate taxes  | 20b. | \$  | 0.00        |
| 20c. Property, homeowner's, or renter's insurance   | 20c. | \$  | 0.00        |
| 20d. Maintenance, repair, and upkeep expenses   | 20d. | \$  | 0.00        |
| 20e. Homeowner's association or condominium dues  | 20e. | \$  | 0.00        |

Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Document Page 23 of 31

| y expenses. Add lines 4th<br>your monthly expenses.  | <i>ly income</i> ) from <i>Schedule I.</i><br>ine 22 above. |  | 21.<br>22.<br>23a.<br>23b.   | <b>+</b> \$\$\$   | 0.00<br>1,423.42<br>2,396.72  |
|--|---|--|--|---|---|
| y expenses. Add lines 4th your monthly expenses.  r monthly net income.  the 12 (your combined monthly monthly expenses from line) | rough 21.  Iy income) from Schedule I. ine 22 above.        |  | 22.<br>23a.  | \$  | 1,423.42<br>2,396.72  |
| r monthly net income.  The 12 (your combined monthly net income monthly net income.)   | <i>ly income</i> ) from <i>Schedule I.</i><br>ine 22 above. |  | 23a.   | \$  | 2,396.72  |
| ne 12 (your combined month   | ine 22 above.   |  |  | \$  |   |
| our monthly expenses from l  | ine 22 above.   |  |  | \$  |   |
|  |   |  | 23b.   |   |   |
| t your monthly expenses fro  | 4.1.1   |  |  | -\$   | 1,423.42  |
| ult is your <i>monthly net inco</i> n  | •   |  | 23c.   | \$  | 973.30  |
| do you expect to finish payi   | ng for your car loan within the year                        | or do you expect your  |  |   |   |
| ne   |   |  |  |   |   |
| b<br>n   | o you expect to finish payir<br>nent to increase or decreas | o you expect to finish paying for your car loan within the year<br>nent to increase or decrease because of a modification to the | t an increase or decrease in your expenses within the year after you file this form?  To you expect to finish paying for your car loan within the year or do you expect your ment to increase or decrease because of a modification to the terms of your mortgage? | o you expect to finish paying for your car loan within the year or do you expect your nent to increase or decrease because of a modification to the terms of your mortgage? | o you expect to finish paying for your car loan within the year or do you expect your nent to increase or decrease because of a modification to the terms of your mortgage? |

B6 Declaration (ascel 15-32103 po (1207) Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Page 24 of 31

IN RE HARRINGTON, CAROL L.

@ 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

Case No. (If known)

# DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: September 7, 2015 Signature: /s/ CAROL L. HARRINGTON Debtor **CAROL L. HARRINGTON** Signature: \_\_ (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Social Security No. (Required by 11 U.S.C. § 110.) Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

@ 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

B7 (Official Form?) (04/13)-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04

Document Page 25 of 31 United States Bankruptcy Court

Northern District of Illinois

Desc Main

| IN RE:               | Case No   |
|----------------------|-----------|
| HARRINGTON, CAROL L. | Chapter 7 |
| Debtor(s             |           |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 2013 to 2015 YTD - NONE

## 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 2013 - \$10,733.00 income from pension payments. \$21,023.00 in Social Security benefits. 2014 - \$ 8,984.00 income from pension payments. \$21,706.00 in Social Security benefits. 2015 YTD \$5,541.00 income from pension payments.\$14,470.00 in Social Security benefits.

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

# 4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

# 5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

@ 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

## 7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

# 9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Law Offices of Roy D. Winn 27W140 Roosevelt Rd, Suite 201 Winfield, IL 60190-0000

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

1,800.00

| Case 15-32103 | Doc 1 | Filed 09/21/15 | Entered 09/21/15 15:25:04 | Desc Main |
|---------------|-------|----------------|---------------------------|-----------|
|               |       | Document       | Page 27 of 31             |           |
|               |       | 2000           | . ago = : o. o=           |           |

#### 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR **ANDREW MULLER 2733 PRESTON COURT** AURORA, IL 60502

DATE 7-23-2015 DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED Real property commonly Inown as 2733 Preston Court, Aurora, Illinois. Sold for \$117,500.00

Standard real estate transaction using real estate brokers to an unrelated third party. Mortgage on property was paid in full and Debtor's proceeds after the payment of all customary closing costs was \$3,078.26.

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

NONE

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

# 14. Property held for another person

List all property owned by another person that the debtor holds or controls.

 $\checkmark$ 

# 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

NAME USED DATES OF OCCUPANCY 2733 Preston Court, Aurora, Illinois Carol L. Harrington 2000 to 2015

# 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state.

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

| Case 15-32103 | Doc 1 | Filed 09/21/15 | Entered 09/21/15 15:25:04 | Desc Main |
|---------------|-------|----------------|---------------------------|-----------|
|               |       | Document       | Dago 20 of 21             |           |

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

 $\checkmark$ 

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

None a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: September 7, 2015 | Signature /s/ CAROL L. HARRINGTON    |                     |
|-------------------------|--------------------------------------|---------------------|
|                         | of Debtor                            | CAROL L. HARRINGTON |
| Date:                   | Signature                            |                     |
|                         | of Joint Debtor                      |                     |
|                         | (if any)                             |                     |
|                         | <b>0</b> continuation pages attached |                     |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

 $\begin{array}{c} \text{Case 15-32103} & \text{Doc 1} \\ \text{B8 (Official Form 8) (12/08)} \end{array}$ 

Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Document Page 29 of 31 United States Bankruptcy Court

**Northern District of Illinois** 

© 1993-2013 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

IN RE: Case No. \_ HARRINGTON, CAROL L. Chapter 7 Debtor(s)

| Property No. 1  |                    |  |  |  |
|---|--------------------|--|--|--|
| Creditor's Name:<br>Springleaf Financial S  |                    | Describe Property Securing Debt: 2001 Ford Escape Truck with 97,000 miles. |  |  |
| Property will be (check one):  ☐ Surrendered ✓ Retained   |                    |  |  |  |
| If retaining the property, I intend to (ch ☐ Redeem the property ✔ Reaffirm the debt ☐ Other. Explain   | eck at least one): | (for   | example, avoid lien using 11 U.S.C. § 522(f))                        |  |
| Property is (check one): ☐ Claimed as exempt ✓ Not claim  | ed as exempt       |  |  |  |
| Property No. 2 (if necessary)   |                    |  |  |  |
| Creditor's Name:  |                    | Describe Property Securing Debt:   |  |  |
| Property will be (check one):  Surrendered Retained  If retaining the property, I intend to (check one):  Redeem the property  Reaffirm the debt  Other. Explain  Property is (check one):  Claimed as exempt Not claim |                    | (for   | example, avoid lien using 11 U.S.C. § 522(f))                        |  |
|   |                    | olumns of Part B mi  | ust be completed for each unexpired lease. Atta                      |  |
| Property No. 1  |                    |  |  |  |
| Lessor's Name:  | Describe Leased    | Property:  | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |  |
| Property No. 2 (if necessary)   |                    |  |  |  |
| Lessor's Name:  | Describe Leased    | Property:  | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):             |  |

| Date: | September 7, 2015 | /s/ CAROL L. HARRINGTON |  |
|-------|-------------------|-------------------------|--|
|       |                   | Signature of Debtor     |  |
|       |                   |                         |  |

Signature of Joint Debtor

# Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Document Page 30 of 31 United States Bankruptcy Court Northern District of Illinois

| IN RE:                        |  | Case No Chapter 7  |  |
|-------------------------------|--|--|--|
| HARRINGTON, CAROL L.          |  |  |  |
|                               | Debtor(s)                                | •  |  |
|                               | VERIFICATION OF CRE                      | DITOR MATRIX   |  |
|                               |  | Number of Creditors10                                    |  |
| The above-named Debtor(s) her | reby verifies that the list of creditors | s is true and correct to the best of my (our) knowledge. |  |
| Date: September 7, 2015       | /s/ CAROL L. HARRINGTON                  | 1  |  |
|                               | Debtor                                   |  |  |
|                               |  |  |  |
|                               | Joint Debtor                             |  |  |

Case 15-32103 Doc 1 Filed 09/21/15 Entered 09/21/15 15:25:04 Desc Main Document Page 31 of 31

HARRINGTON, CAROL L. 30W081 BRANCH AVENUE WARRENVILLE, IL 60555 Document Pag Springleaf Financial S 1261 N Lake St Ste G Aurora, IL 60506

Law Offices of Roy D. Winn 27W140 Roosevelt Rd, Suite 201 Winfield, IL 60190-0000 Winfield Radiology Consultants, SC 6910 S. Madison Street Willowbrook, IL 60527

Cadence Health 25 North Winfield Road Winfield, IL 60190

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Chase Card Po Box 15298 Wilmington, DE 19850

Citi Po Box 6241 Sioux Falls, SD 57117

Northwester Medicine - Physician Groups C/O State Collection Services, Inc. 2509 S. Stoughton Road Madison, WI 53716

Northwestern Medicine C/O State Collection Services, Inc. PO Box 6250 Madison, IL 53716-0250

Northwestern Medicine - CDH C/O State Collection Service, Inc. 2509 S. Stoughton Road Madison, WI 53716

Northwestern Medicine - Physician Groups C/O State Collection Service, Inc. 2509 S. Stoughton Road Madison, WI 53716